

OFFICE OF REFUND
REFUND EXAMINATION

Attorney Docket: HOOV 118

2002 JAN 18 PM 3:07
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Michael D. HOOVEN

Serial no: 10/015,862

Filed: December 12, 2001

For: TRANSMURAL ABLATION
DEVICE WITH SPRING
LOADED JAWS

US PATENT & TRADEMARK
OFFICE

"Express Mail" Mailing Label No. EL 845497865
Date of Deposit January 11, 2002

I hereby certify that this correspondence is being
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Name, Yue X Ruan
(typed or printed)

To: Refund Requests
Commissioner for Patents
Box 16
Washington, D.C. 20231

Signature Yue X Ruan

REQUEST FOR REFUND

Dear Sir:

The above-identified application was filed on December 12, 2001 with a large entity filing fee being paid. The Applicant for this application is a Small Entity, and thus the fee should be reduced by one half.

Accordingly, it is requested that this fee now be refunded. Please credit our Deposit Account no. 50/1039 for the amount of \$370.00 representing one half of the large entity fee.

Refund Request

This request for refund is made for a fee that was paid in this application on December 12, 2001 in the amount of \$ 370.00.

Fees Paid for Which Refund Requested

	Amount of Refund <u>Requested</u>
<u>X</u> Filing Fee (small entity status)	<u>\$370.00</u>
___ Surcharge for filing the basic filing fee on a date later than the filing date of the application	___
and/or	
___ Surcharge for filing the oath or declaration on a date later than the filing date of the application	___
___ Extension of Time	___
___ Issue Fee	___
___ Patent Maintenance Fee	___
___ First Maintenance Fee	___
___ Second Maintenance Fee	___
___ Third Maintenance Fee	___
___ Patent Maintenance Fee Surcharge	___
___ Other	___
 TOTAL	 <u>\$370.00</u>

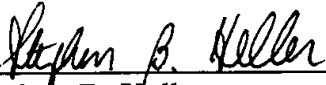
Manner of Refund

Please make refund by:

X Crediting Deposit Account No. 50/1039
___ Refunding overpayment.

Respectfully submitted,

Date: January 11, 2002



Stephen B. Heller
Registration No: 30,181

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